

# Tschudy Family Scholarship Intent to Re-enroll Form

If you are graduating, *Congratulations!* Please complete and return this form.  
(2010 – 2011)

Name: \_\_\_\_\_

*(last)*                  *(first)*                  *(middle initial)*

Permanent Address: \_\_\_\_\_  
                                 (number and street)                 (city)                 (state)                 (zip code)

Student ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ I intend to enroll Fall 2010      Institution: \_\_\_\_\_

Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

☐ I do not intend to enroll in 2010 – 2011 due to one of the following:

☐ Graduation ☐ End of Eligibility☐ Other (please explain)

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<b>This portion to be completed by College/University Official:</b>	
Cumulative Grade Point Average: _____	
Number of Credits Currently Enrolled: _____	
_____ Official's Signature	_____ Date

Cumulative Grade Point Average:

Number of Credits Currently Enrolled: \_\_\_\_\_

Official's Signature

Date \_\_\_\_\_

Recipient's Signature

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Date

Send completed form to:  
Dana Kelly, Manager  
Student Affairs Program Manager  
P.O. Box 83720  
Boise, Idaho 83720-0037

[Dana.Kelly@osbe.idaho.gov](mailto:Dana.Kelly@osbe.idaho.gov)  
208-332-1574